

Replacement of License Identification Application

IRP/PRORATE ACCT. NO.	FLEET NO.	SUP. NO.
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NAME OF FIRM/PERSON	
STREET ADDRESS	
P.O. BOX <i>(If applicable)</i>	PHONE NUMBER
CITY, STATE, ZIP CODE	FAX NUMBER

PRORATE SECTION
DEPARTMENT OF LICENSING
PO BOX 9048
OLYMPIA WA 98507-9048
(360) 664-1858
FAX: (360) 570-7829
or
(360) 586-5905

VALIDATION AREA — DO NOT WRITE IN THIS AREA

FOR STATE OFFICE USE ONLY	
DATE MAILED	
APPORTIONED PLATES	
CAB CARDS	VALIDATION TABS
BY	

Owner's Equipment Number	Vehicle Identification Number	Year	Make	Type of Vehicle	Current Plate Number	FOR OFFICE USE ONLY	Please indicate below the applicable dollar amount of replacement fees. (See Replacement Fees to the right)			
						New Plate Number	Washington Apportioned Plate	Validation Tab	Cab Card	TOTAL
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$

I, the undersigned, certify under penalty of perjury under the laws of the State of Washington, that I am (we are) the registered owner(s) or lessee of the vehicle(s) described below and that: The **(CIRCLE the applicable item)** Cab Card, Washington Apportioned License Plate, Validation Tab issued to me (us) must be replaced for **(CHECK the applicable reason)** ☐ **name change,(Attach new registration(s) for ALL vehicles),** ☐ **lost/stolen,** ☐ **destroyed/mutilated,** or ☐ **correction of information contained** thereon:

(specify): _____

This application is made for the purpose of obtaining a replacement thereof.

NOTE: When requesting replacement apportioned plates you must return the cab card showing the old plate number to the Prorate office.

CONTACT PERSON'S NAME _____ SIGNATURE _____ TITLE _____ DATE _____

PRORATE ID
REPLACEMENT FEES

Validation Tab \$2.00 set

Cab Card \$2.00 each

WASHINGTON APPORTIONED
LICENSE PLATE REPLACEMENT FEES

* Power Unit \$12.00

Perm Plates for trailing units See license agent

* (Cab Cards and Decals Included in fee)